PLAGE OF BIRTH  1. County of Transact  BUREAU OF VITAL STATISTICS  State Index No. 199  BUREAU OF VITAL STATISTICS  State Index No. 199  City of City of No. St. Local Registrar No. 200  City of No. St. If child is not recet and state  3. Sex of Child To be answered ONLY in event of plural births. St. No., in order of birth of birth of births.  Full name Vernow Cluff  9. Residence (Usual place of abode)  If nonresident, give place and state  16. Color of Face of Dirth County Registrar No. 200  Local Registrar No. 200  St. Color of International County Registrar No. 200  St. Color of Residence (Usual place of abode)  If nonresident, give place and state  16. Color of Face of Local County Registrar No. 200  State Index No. 199  BUREAU OF VITAL STATISTICS  State Index No. 199  Local Registrar No. 200  St. Color of Internation No. 199  Local Registrar No. 200  St. Color of Face of Local Registrar No. 200  Local Registrar No. 200  St. Color of Face of Local Registrar No. 200  Local Registrar No. 200  St. Local Registrar No. 200  Local Registrar No. 200  St. Local Registrar No. 2	(
ARIZONA STATE BOARD OF HEALTH  District of Safford BUREAU OF VITAL STATISTICS State Index No. 19  Town of ORIGINAL CERTIFICATE OF BIRTH County Registrar No. 25  City of No. St. (If birth occurred in a hospital or institution, give its NAME instead of street and If child is not yet name supplemental report, as  3. Sex of Child To be answered ONLY in event of plural births.  5. No., in order of birth Honth Day  8. FATHER  Full name Urnon Cluff  9. Residence (Usual place of abode)  If nonresident, give place and state  ARIZONA STATE BOARD OF HEALTH  BUREAU OF VITAL STATISTICS  State Index No. 19  Local Registrar No. 25  Local Registrar No. 26  St. (If birth occurred in a hospital or institution, give its NAME instead of street and If child is not yet name supplemental report, as  16. Legitimate? To Date Feb 28  MOTHER  Full maiden name Count Allen  15. Residence (Usual place of abode)  If nonresident, give place and state.  If nonresident, give place and state.	5
Town of ORIGINAL CERTIFICATE OF BIRTH County Registrar No. 3. City of No. St. Oily of (If birth occurred in a hospital or institution, give its NAME instead of street and supplemental report, as sup	
(If birth occurred in a hospital or institution, give its NAME instead of street and  2. Full name of child  3. Sex of Child  To be answered ONLY in event of plural births.  5. No., in order of birth  Full name  Cornor Cluff  9. Residence (Usual place of abode)  If nonresident, give place and state  (If birth occurred in a hospital or institution, give its NAME instead of street and  If child is not yet name supplemental report, as  7. Date fet 28 of birth  Month Day  14.  Full maiden name  Curl Allen  15. Residence (Usual place of abode)  If nonresident, give place and state.	<u>3</u>
2. Full name of child If child is not yet name supplemental report, as  3. Sex of Child To be answered ONLY in event of plural births.  5. No., in order of birth Yes To birth Month Day  8. FATHER  Full name Vernou Cluff  9. Residence (Usual place of abode)  If nonresident, give place and state  If child is not yet name supplemental report, as  16. Legitimate? 7. Date Feb 28 / of birth Month Day  17. Date Feb 28 / of birth Month Day  18. MOTHER  Full maiden name Clust Allen  19. Residence (Usual place of abode)  If nonresident, give place and state.	Ward
FATHER  9. Residence (Usual place of abode)  If nonresident, give place and state    Topic   T	ed, make
Full name Vernou belieff  9. Residence (Usual place of abode)  If nonresident, give place and state  Full maiden name Vernou Allen  [Full maiden name Vernou Allen  [Usual place of abode)  If nonresident, give place and state.	1914 Year
9. Residence (Usual place of abode)  If nonresident, give place and state  15. Residence (Usual place of abode)  If nonresident, give place and state.	
(Usual place of abode)  If nonresident, give place and state  If nonresident, give place and state.	_
10. Color or race  16. Color or race  16. Color or race  17. Age at last birthday 25.	Years)
12. Birthplace (city or place) Prina 18. Birthplace (city or place) Luba Cita	7
(State or country) aryona (State or country) aryona	٠.
13. Occupation  Nature of industry  19. Occupation  Nature of industry  Nature of industry	י
20. Number of children of this mother   (a) Born alive and now living  21. Were precautions taken against eph-	<del></del> :
(Taken as of time of birth of child herein (b) Born alive but now dead thalms neonatorum?  (Calculation of time of birth of child herein (c) Stillborn that the still have been dead that the still have been dead the still have been dead that the s	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at Latended the birth of this child, who was the same at latended me on the date about the same of the same	
(Born alive or stillborn.)	•
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	2000
Given name added from Filed Mario 1924 Hattie W. Set	Louis
a supplemental report Month, day, year.  Filed Mario 1924 Devot Local Regis	
Registrar.	IR.